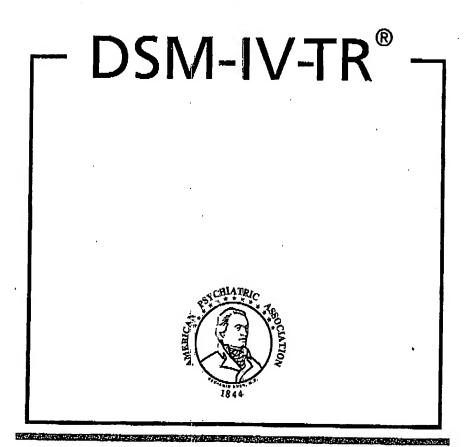


# DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

FOURTH EDITION

**TEXT REVISION** 



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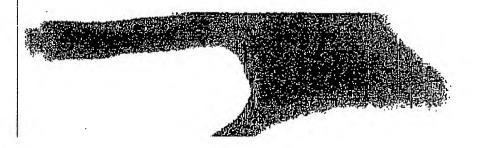
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Use of the Manual

iinth Revision, Clinical e official coding system i Health Problems, Tenth ally, this appendix constic codes.

ary of Culture-Bound e first provides an outn systematically evalucontext. The second is

· names of the advisers ations that contributed

ndix lists the names of

## DSM-IV-TR Classification

NOS = Not Otherwise Specified.

An x appearing in a diagnostic code incates that a specific code number is re-

an ellipsis (. . .) is used in the names of fertain disorders to indicate that the hame of a specific mental disorder or eneral medical condition should be inserted when recording the name e.g., 293.0 Delirium Due to Hypothyroidism).

Numbers in parentheses are page num-

f criteria are currently met, one of the following severity specifiers may be noted after the diagnosis:

> Mild Moderate Severe

If criteria are no longer met, one of the following specifiers may be noted:

> In Partial Remission In Full Remission Prior History

**Disorders Usually First** Diagnosed in Infancy, Childhood, or Adolescence (39)

## **MENTAL RETARDATION (41)**

Note: These are coded on Axis II. Mild Mental Retardation (43) 317 Moderate Mental Retardation 318.0 318.1 Severe Mental Retardation (43)

Profound Mental Retardation 318.2

319 Mental Retardation, Severity Unspecified (44)

## **LEARNING DISORDERS (49)**

315.00 Reading Disorder (51)

Mathematics Disorder (53) 315.1

Disorder of Written Expression 315.2

315.9 Learning Disorder NOS (56)

#### **MOTOR SKILLS DISORDER** (56)

315.4 Developmental Coordination Disorder (56)

## **COMMUNICATION DISORDERS** (58)

315.31 Expressive Language Disorder

315.32 Mixed Receptive-Expressive Language Disorder (62)

315.39 Phonological Disorder (65)

307.0 Stuttering (67)

Communication Disorder NOS 307.9 (69)

Delirium Etiologie

PERVASIVE	DEVELOPMENTAL
DISORDERS	(69)

299.00 Autistic Disorder (70)

299.80 Rett's Disorder (76)

299.10 Childhood Disintegrative Disorder (77)

299.80 Asperger's Disorder (80)

299.80 Pervasive Developmental Disorder NOS (84)

# ATTENTION-DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS

85)

314.xx Attention-Deficit/ Hyperactivity Disorder (85)

.01 Combined Type

.00 Predominantly Inattentive
Type

.01 Predominantly
Hyperactive-Impulsive Type

314.9 Attention-Deficit/
Hyperactivity Disorder NOS
(93)

312.xx Conduct Disorder (93)

.81 Childhood-Onset Type

.82 Adolescent-Onset Type

.89 Unspecified Onset

313.81 Oppositional Defiant Disorder (100)

312.9 Disruptive Behavior Disorder NOS (103)

## FEEDING AND EATING DISORDERS OF INFANCY OR EARLY CHILDHOOD (103)

307.52 Pica (103)

307.53 Rumination Disorder (105)

307.59 Feeding Disorder of Infancy or Early Childhood (107)

## **TIC DISORDERS (108)**

307.23 Tourette's Disorder (111)

307.22 Chronic Motor or Vocal Tic Disorder (114)

307.21 Transient Tic Disorder (115) Specify if: Single Episode/Recurrent

307.20 Tic Disorder NO9 (116)

## **ELIMINATION DISORDERS (116)**

---- Encopresis (116)

787.6 With Constipation and Overflow Incontinence

307.7 Without Constipation and Overflow Incontinence

307.6 Enuresis (Not Due to a General Medical Condition) (118)

Specify type: Nocturnal Only/Diurnal Only/Nocturnal and Diurnal

# OTHER DISCRDERS OF INFANCY, CHILDHOOD, OR ADOLESCENCE

(121)

309.21 Separatior. Arwiety Disorder (121)

Specify if: Early Onset

313.23 Selective Mutism (125)

313.89 Reactive Attachment Disorder of Infancy or Early Childhood (127)

Specify type: Inhibited Type/ Disinhibited Type

307.3 Stereotypic Movement Disorder (131)

Specify if: With Self-Injurious Behavior
313.9 Disorder of Infancy, Childhood,
or Adolescence NOS (134)

## Delirium, Dementia, and Amnestic and Other Cognitive Disorders (135)

## **DELIRIUM (136)**

293.0 Delirium Due to . . . [Indicate the General Medical Condition] (141)

——.— Substance Withdrawal
Delirium (refer to SubstanceRelated Disorders for substancespecific codes) (143)

etiologies, 780.09 Delirium

DEMENTIA (147

294.xx Dementi. Type, Wi code 331.

> Axis III) ( Witho

.10 Witho

.11 With 1

294.xx Dementi Type, Wi

331.0 Ala

Axis III) (
) Witho

.10 Witho

.11 With I

290.xx Vascular

.40 Uncor

.41 With I

.42 With I

Specify if: V

Code presence or a disturbance in the Due to a General

> 0 = Without Beha 1 = With Behavio

294.1x Dementi (also code (163)

294.1x Dementi (also code Axis III)

294.1x Dementi Disease

Dementic Axis III)

294.1x Dementi Disease ton's dist

294.1x Dementi (also codi Axis III) West.

#### **SORDERS (116)**

(116)
instipation and
w Incontinence
: Constipation and
w Incontinence
iot Due to a General
indition) (118)
iccurrial Only/Diumal
hal and Diumal

# RS OF INFANCY, ADOLESCENCE

1 Anxiety Disorder

ly Coset Autism (125) Attachment Disorder or Early Childhood

nhibited Type/
Type
c Movement Disorder

in Self-Injurious Behavior of Infancy, Childhood, tence NOS (134)

## entia, and Other Cognitive

Due to ... [Indicate the edical Condition] (141)
Intoxication Delixium bstance-Related for substance-specific i)
Withdrawal refer to Substance-sorders for substance-

'cs) (143)

#### DSM-IV-TR Classification

 Delirium Due to Multiple
 Etiologies (code each of the specific etiologies) (146)

780.09 Delirium NOS (147)

#### **DEMENTIA** (147)

294.xx Dementia of the Alcheimer's
Type, With Early Onset 'also
code 331.0 Alzheimer's disease on
Axis III) (154)

.10 Without Behavioral Disturbance

11 With Behavioral Disturbance

294.xx Dementia of the Alzheimer's Type, With Late Onset (also code 331.0 Alzheimer's disease on Axis III) (154)

.10 Without Behavioral Disturbance

11 With Behavioral Disturbance

90.xx Vascular Dementia (158)

.40 Uncomplicated

.41 With Delirium

.42 With Delusions

.43 With Depressed Mood
Specify if: With Behavioral Disturbance

Code presence or absence of a behavioral disturbance in the fifth digit for Dementia Due to a General Medical Condition:

0 = Without Behavioral Disturbance
1 = With Behavioral Disturbance

294.1x Dementia Due to HTV Disease
(also code 042 HIV on Axis [II])
(163)

294.1x Dementia Due to Head Trauma (also code 854.00 head injury on Axis III) (164)

294.1x Dementia Due to Parkinson's Disease (also code 331.82 Dementia with Lewy Fodies on Axis III) (164)

294.1x Dementia Due to Huntington's Disease (also code 333.4 Huntington's disease on Axis III) (165)

294.1x Dementia Due to Pick's Disease (also code 331.11 Pick's disease on Axis III) (165)

294.1x Dementia Due to Creutzfeldt-Jakob Disease (also code 046.1 Creutzfeldt-Jakob disease on Axis III) (166)

294.1x Dementia Due to ... [Indicate the General Medical Condition not listed above] (also code the general medical condition on Axis III) (167)

 Substance-Induced Persisting Dementia (refer to Substance-Related Disorders for substancespecific codes) (168)

——.— Dementia Due to Multiple
Etiologies (code each of the specific etiologies) (170)

294.8 Dementia NOS (171)

#### **AMNESTIC DISORDERS (172)**

294.0 Amnestic Disorder Due to . . .
[Indicate the General Medical
Condition] (175)
Specify if Transient/Chronic

----- Substance-Induced Persisting Amnestic Disorder (refer to Substance-Related Disorders for substance-specific codes) (177)

294.8 Amnestic Disorder NOS (179)

# OTHER COGNITIVE DISORDERS (179)

294.9 Cognitive Disorder NOS (179)

## Mental Disorders Due to a General Medical Condition Not Elsewhere Classified (181)

293.89 Catatonic Disorder Due to . . .
[Indicate the General Medical
Condition] (185)

310.1 Personality Change Due to . . .
[Indicate the General Medical
Condition] (187)

Specify type: Labile Type/Distribited
Type/Aggressive Type/Apathetic
Type/Paranoid Type/Other Type/
Combined Type/Unspecified Type

293.9 Mental Disorder NOS

Due to . . . [Indicate the General

Medical Condition] (190)

# Substance-Related Disorders (191)

The following specifiers apply to Substance Dependence as noted:

<sup>a</sup>With Physiological Dependence/Without Physiological Dependence

bEarly Full Remission/Early Partial Remission/ Sustained Full Remission/Sustained Partial Remission

In a Controlled Environment

<sup>d</sup>On Agonist Therapy

The following specifiers apply to Substance-Induced Disorders as noted:

<sup>1</sup>With Onset During Intoxication/<sup>W</sup>With Onset During Withdrawal

# ALCOHOL-RELATED DISORDERS (212)

## Alcohol Use Disorders (213)

303.90 Alcohol Dependence Alcohol Dependence

305.00 Alcohol Abuse (214)

## Alcohol-Induced Disorders (214)

303.00 Alcohol Intoxication (214)

291.81 Alcohol Withdrawal (215)
Specify if: With Perceptual Disturbances

291.0 Alcohol Intoxication Delirium (143)

291.0 Alcohol Withdrawal Delirium (143)

291.2 Alcohol-Induced Persisting Dementia (168)

291.1 Alcohol-Induced Persisting Amnestic Disorder (177) 291.x Alcohol-Induced Psychotic Disorder (338)

.5 With Delusions I.W

.3 With Hallucinations I, W

291.89 Alcohol-Induced Mood Disorder W (405)

291.89 Alcohol-Induced Anxiety Disorder (479)

291.89 Alcohol-Induced Sexual Dysfunction<sup>I</sup> (562)

291.82 Alcohol-linduced Sleep Disorder ... (635)

291.9 Alcohol-Related Disorder NOS (223)

# AMPHETAMINE (OR AMPHETAMINE-LIKE)-RELATED DISORDERS (223)

## Amphetamine Use Disorders (224)

304.40 Amphetamine Dependence<sup>a,b,c</sup> (224)

305.70 Amphetamine Abuse (225)

## Amphetamine-Induced Disorders (226)

292.89 Amphetamine Intoxication
(226)
Specify if: With Perceptual Disturbances

292.0 Amphetamine Withdrawal (227)

292.81 Amphetamine Intoxication Delirium (143)

292.xx Amphetamine-Induced Psychotic Disorder (338)

.11 With Delusions

.12 With Hallucinations I

292.84 Amphetamine-Induced Mood Disorder<sup>I,W</sup> (405)

292.89 Amphetamine-Induced Anxiety Disorder<sup>[</sup> (47%)

292.89 Amphetamine-Induced Sexual Dysfunction<sup>1</sup> (562)

292.85 Amphetamine-Induced Sleep Disorder<sup>LW</sup> (655)

292.9 Amphetamine-Related Disorder NOS (231)

## AFFEINE-RELATE

feine-Induced |

O Caffeine Into

**B9** Caffeine-Ind Disorder 147

Caffeine-Ind
Disorder 16:

Caffeine-Rel.

# MINABIS-RELATI

#### Annabis Use Disc

30 Cannabis De

520 Cannabis At

#### manabis-Induced

289 Cannabis In Specify if: With

281 Cannabis Inc. (143)

xx Cannabis-In Disorder (33)

#.11 With Deh

.12 With Hal

2 89 Cannabis-In Disorder (4

Cannabis-Re
NOS (241)

# OCAINE-RELATE

#### ocaine Use Diso

1.20 Cocaine De

5.60 Cocaine Ab

#### **Cocaine-Induced**

22.89 Cocaine Into Specify if: With

292.0 Cocaine Wi

92.81 Cocaine Int (143)

22.xx Cocaine-Inc Disorder (3

.11 With Del

.12 With Ha

sification

mxiety

goed Sexual

(562) iced 5leep

655)

ted Disorder NOS

(E)-RELATED

Disorders (224)

: Dependencea,b,c

: Abuse (225)

iced Disorders

Intoxication

ceptual Disturbances Withdrawal

Intoxication

Induced

der (338)

ns!

nations

nduced Mood

aduced Anxiety

iduced Sexual

iduced Sleep

:lated

31)

DSM-IV-TR Classification

CAFFEINE-RELATED DISORDERS

Caffeine-Induced Disorders (232)

305.90 Caffeine Intoxication (232)

292.89 Caffeine-Induced Anxiety Disorder<sup>I</sup> (479)

292.85 Caffeine-Induced Sleep Disorder<sup>1</sup> (655)

Caffeine-Related Disorder NOS

CANNABIS-RELATED DISORDERS (234)

Cannabis Use Disorders (236)

304.30 Cannabis Dependence (236)

305.20 Cannabis Abuse (236)

Cannabis-Induced Disorders (237)

292.89 Cannabis Intoxication (237) Specify if: With Perceptual Disturbances

Cannabis Intoxication Delirium 292.81

292.xx Cannabis-Induced Psychotic Disorder (338)

.11 With Delusions1

.12 With Hallucinations I

Cannabis-Induced Anxiety 292.89 Disorder<sup>I</sup> (479)

292.9 Cannabis-Related Disorder NOS (241)

COCAINE-RELATED DISORDERS (241)

Cocaine Use Disorders (242)

304.20 Cocaine Dependence<sup>a,b,c</sup> (242)

305.60 Cocaine Abuse (243)

Cocaine-Induced Disorders (2:44)

292.89 Cocaine Intoxication (244) Specify if: With Perceptual Disturbances

292.0 Cocaine Withdrawal (245)

292.81 Cocaine Intoxication Delirium (1.43)

292 xx Cocaine-Induced Psychotic Disorder (338)

.11 With Delusions I

.12 With Hallucinations I 292.84 Cocaine-Induced Mood Disorder<sup>I,W</sup> (405)

Cocaine-Induced Anxiety 292.89 Disorder<sup>I,W</sup> (479)

292.89 Cocaine-Induced Sexual Dysfunction<sup>I</sup> (562)

Cocaine-Induced Sleep 292.85 Disorder<sup>I,W</sup> (655)

Cocaine-Related Disorder NOS 292.9 (250)

HALLUCINOGEN-RELATED DISORDERS (250)

Hallucinogen Use Disorders (251)

304.50 Hallucinogen Dependenceb,c (251)

305.30 Hallucinogen Abuse (252)

Hallucinogen-Induced Disorders (252)

Hallucinogen Intoxication (252) 292.89

Hallucinogen Persisting Perception Disorder (Flashbacks) (253)

292.81 Hallucinogen Intoxication Delirium (143)

292.xx Hallucinogen-Induced Psychotic Disorder (338)

.11 With Delusions I

With Hallucinations I

292.84 Hallucinogen-Induced Mood Disorder<sup>1</sup> (405)

292.89 Hallucinogen-Induced Anxiety Disorder<sup>I</sup> (479)

292.9 Hallucinogen-Related Disorder NOS (256)

INHALANT-RELATED DISORDERS

Inhalant Use Disorders (258)

304.60 Inhalant Dependence<sup>b,c</sup> (258)

305.90 Inhalant Abuse (259)

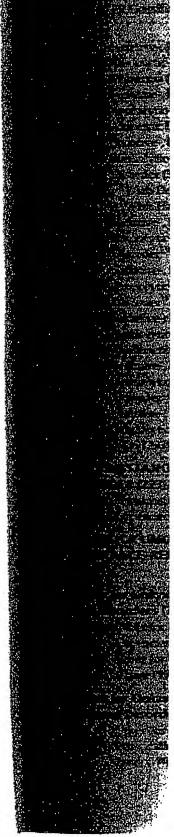
Inhalant-Induced Disorders (259)

292.89 Inhalant Intoxication (259)

292.81 Inhalant Intoxication Delirium (143)

(277)

18			DSM-IV-TR Classification
	Inhalant-Induced Persisting Dementia (168) Inhalant-Induced Psychotic	PHENC	YCLIDINE  OR YCLIDINE-LIKE)-RELATED DERS (278)
272.22	Disorder (338)		yclidine Use Disorders (279)
.11	<b>T</b>	304.60	
.12	With Hallucinations <sup>1</sup>		(279)
292.84	Inhalant-Induced Mood	305.90	Phencyclidine Abuse (279)
	Disorder <sup>I</sup> (405)	Phency	yclidir:e-Induced Disorders
292.89	Inhalant-Induced Anxiety	(280)	
	Disorder <sup>1</sup> (479)	292.89	Phencyclidine Intoxication (280)
292.9	Inhalant-Related Disorder NOS		Specify 7: With Perceptual Disturbances
	(263)	292.81	•
NICOT	INE-RELATED DISORDERS		Delirium (143)
(264)		292.xx	
Nicoti	ne Use Disorder (264)		Psychotic Disorder (338)
305.1	- nh	.11	_
	<del>-</del>	.12	
	ne-Induced Disorder (265)	292.84	Phencyclicline-Induced Mood Disorder (405)
292.0	•	202.60	
292.9	Nicotine-Related Disorder NOS	292.89	Disorder <sup>1</sup> (479)
	(269)	292.9	Phencyclicline-Related Disorder
OPIOI	D-RELATED DISORDERS (269)	272.7	NOS (283)
Opioi	d Use Disorders (270)	SEDAT	rive-, MYPNOTIC-, OR
304.00	Opioid Dependence (270) ANXIOLYTIC-RELATED DISC		OLYTIC-RELATED DISORDERS
305.50	Opioid Abuse (271)	(284)	
Opioi	d-Induced Disorders (271)	•	ive, Hypnotic, or Anxiolytic
	Opioid Intoxication (271)		isorders (285)
	Specify if: With Perceptual Disturbances	304.10	Sedative, Hypnotic, or
292.0			Anxielytic Dependencea,b,c
292.81	•		(285)
	(143)	305.40	Sedative, Hypnotic, or
292.xx	Opioid-Induced Psychotic		Anxiolytic Abuse (286)
	Disorder (338)	Sedat	ive-, Hypnotic-, or
	With Delusions <sup>1</sup>		lytic-Indused Disorders (286)
.12		292.89	
292.84			Anxiolytic Intexication (286)
202.00	Disorder <sup>1</sup> (405) Opioid-Induced Sexual	292.0	Sedative, Hypnotic, or
292.89	Opioid-induced Sexual  Dysfunction (562)		Anxiolytic Withdrawal (287)
702 00			Specify if: With Perceptual Disturbances
292.85	Disorder <sup>LW</sup> (655)	292.81	
. 292.9	Opioid-Related Disorder NOS		Anxiolytic Intoxication
· 474.7	(277)		Delirium (143)





292.81 Sedative, Hypnotic, or Anxiolytic Withdrawal Delirium (143)



IV-TR Classification

# OR IKE)-RELATED

: Disorders (279) ne Dependence<sup>b,c</sup>

ne Abuse (279) luced Disorders

ne Intoxication (280)
Perceptual Disturbances
ne Intoxication
43)
ne-Induced
isorder (338)
usions<sup>1</sup>
lucinations<sup>1</sup>
ne-Induced Mood
.05)
ne-Induced Anxiety
.79)
.ne-Related Disorder

## IOTIC-, OR ATED DISORDERS

tic, or Anxiolytic

lypnotic, or Dependence<sup>a,b,c</sup>

Typnotic, or Abuse (286)

(143)

otic-, or ed Disorders (286)

ed Disorders (286)
Ivpnotic, or
Intoxication (286)
Ivpnotic, or
Withdrawal (287)
h Perceptual Disturbances
Ivpnotic, or
Intoxication
(143)
Hypnotic, or
Withdrawal

**DSM-IV-TR Classification** 

292.82 Sedative-, Hypnotic-, or Anxiolytic-Induced Persisting Dementia (168)

292.83 Sedative-, Hypnotic-, or Anxiolytic-Induced Persisting Amnestic Disorder (177)

292.xx Sedative-, Hypnotic-, or Anxiolytic-Induced Fsychotic Disorder (338)

.11 With Delusions<sup>I,W'</sup>

.12 With Hallucinations I, W

292.84 Sedative-, Hypnotic-, or Anxiolytic-Induced Mood Disorder<sup>I,W</sup> (405)

292.89 Sedative-, Hypnotic-, or Anxiolytic-Induced Arxiety Disorder<sup>W</sup> (479)

292.89 Sedative-, Hypnotic-, or Anxiolytic-Induced Sexual Dysfunction<sup>I</sup> (562)

292.85 Sedative-, Hypnotic-, or Anxiolytic-Induced Sleep Disorder<sup>I,W</sup> (655)

292.9 Sedative-, Hypnotic-, or Anxiolytic-Related Disorder NOS (293)

# POLYSUBSTANCE-RELATED DISORDER (293)

304.80 Polysubstance Dependence<sup>a,b,c,d</sup> (293)

# OTHER (OR UNKNOWN) SUBSTANCE-RELATED DISORDERS (294)

## Other (or Unknown) Substance Use Disorders (295)

304.90 Other (or Unknown) Substance Dependence<sup>a,b,c,d</sup> (152)

305.90 Other (or Unknown) Substance Abuse (198)

## Other (or Unknown) Substance-Induced Disorders (295)

292.89 Other (or Unknown) Substance Intoxication (199) Specify if: With Perceptual Oisturbances 292.0 Other (or Unknown) Substance Withdrawal (201) Specify if: With Perceptual Disturbances

292.81 Other (or Unknown)
Substance-Induced Delirium
(143)

292.82 Other (or Unknown)
Substance–Induced Persisting
Dementia (168)

292.83 Other (or Unknown)
Substance-Induced Persisting
Amnestic Disorder (177)

292.xx Other (or Unknown)
Substance-Induced Psychotic
Disorder (338)

.11 With Delusions<sup>I,W</sup>

.12 With Hallucinations I,W

292.84 Other (or Unknown)
Substance-Induced Mood
Disorder<sup>I,W</sup> (405)

292.89 Other (or Unknown)
Substance-Induced Anxiety
Disorder<sup>I,W</sup> (479)

292.89 Other (or Unknown)
Substance-Induced Sexual
Dysfunction<sup>I</sup> (562)

292.85 Other (or Unknown)
Substance-Induced Sleep
Disorder<sup>I,W</sup> (655)

292.9 Other (or Unknown)
Substance-Related Disorder
NOS (295)

# Schizophrenia and Other Psychotic Disorders (297)

295.xx Schizophrenia (298)
The following Classification of Longitudinal
Course applies to all subtypes of
Schizophrenia:

Episodic With Interepisode Residual Symptoms (specify if: With Prominent Negative Symptoms)/Episodic With No Interepisode Residual Symptoms Continuous (specify if: With Prominent Negative Symptoms) Single Episode In Partial Remission (specify if: With Prominent Negative Symptoms)/ Single Episode In Full Remission

Other or Unspecified Pattern

- Paranoid Type (313) .30
- Disorganized Type (314) .10
- Catatonic Type (315) .20
- Undifferentiated Type (316) .90
- Residual Type (316) .60
- 295.40 Schizophreniform Disorder Specify if: Without Good Prognostic Features/With Good Prognostic

Features

- 295.70 Schizoaffective Disorder (319) Specify type: Bipolar Type/Depressive
- Delusional Disorder (323) 297.1 Specify type: Erotomanic Type/ Grandiose Type/Jealous Type/ Persecutory Type/Somatic Type/ Mixed Type/Unspecified Type
- Brief Psychotic Disorder (329) 298.8 Specify if: With Marked Stressor(s)/ Without Marked Stressor(s)/With Postpartum Onset
- Shared Psychotic Disorder (332)
- 293.xx Psychotic Disorder Due to . . . [Indicate the General Medical Condition] (334)
  - With Delusions .81
  - With Hallucinations
    - Substance-Induced Psychotic Disorder (refer to Substance-Related Disorders for substancespecific codes) (338) Specify if: With Onset During Intoxication/With Onset During Withdrawal
- Psychotic Disorder NOS (343) 298.9

## Mood Disorders (345)

Code current state of Major Depressive Disorder or Bipolar I Disorder in fifth digit:

- 2 = Moderate
- 3 = Severe Without Psychotic Features
- 4 = Severe With Prychot: Features Specify: Mond-Congruent Psychotic Features/Mood-Incongruent Psychotic Features
- 5 = In Partial Remission
- 6 = In Full Remission
- 0 = Unspecified

The following specifiers apply (for current or most recent episode) to Mood Disorders as noted:

Severity/Psychotic/Remission Specifiers/ bChronic/eWith Catatonic Features/dWith Melancholic Features/\*With Atypical Features/ With Postpartum Onset

The following specifiers apply to Mood Disorders as notes!

SWith or Withou! Full Interepisode Recovery/ hWith Seasonal Pattern/With Rapid Cycling

## **DEPRESSIVE DISORDERS** (369)

- 296.xx Major Depressive Disorder (369)
  - Single Episodea,b,c,d,e,f .2x
  - Recurrentil, b, c, d, e, f, g, h
- Dysthyrnic Disorder (376) 300.4 Specify if: Early Onset/Late Onset Specify: With Atypical Peatures
- Depressive Disorder NOS (381) 311

## BIPOLAR DISORDERS (382)

- 296.xx Bipolar I Disorder (382)
  - Single Manic Episode<sup>a,c,f</sup> Specify if: Mixed
  - Most Recent Episode .40 Hypomanic<sup>g,hli</sup>
  - Most Recent Episode .4x Manica,c,fg,h,i

Most Recen .6x

SM-IV-TR Classificati

- $\mathsf{Mixed}^{\mathfrak{d},c,l,g}$ 
  - Most Recer Depressed<sup>e</sup>
  - Most Recer Unspecifie
- Bipolar II Dis (392)Specify (current o
  - Hypomanic/Del Cyclothymic
- Bipolar Disor 96.80
- Mood Disorc Undicate the
  - Condition) (4 Specify type: Wit With Major Del With Manic Fer
  - Features Substance-b Disorder (re Related Disc specific codes Specify type: W
  - With Manic Fo Features Specify if: With Intoxication (
  - Withdrawal 96.90 Mood Disc

## **Anxiety Disorc**

- 300.01 Panic Disc Agorapho
- 300.21 Panic Dis Agoraphi
- 300.22 Agoraphi of Panic I
- **30**0.29 Specific I Specify type Environme Injury Type Type
- Social Pr 300,23 Specify If: C

# s (345)

Major Depressive Disorder in fifth digit:

'sychotic Features (hotic Features -Congruent Psychotic od-Incongruent Psychotic

aon a

ers apply (for current or to Mood Disorders as

Remission Specifiers/
Catatonic Features/dWith
rures/dWith Atypical
Restpartum Onset

ers apply to Mood

all Interepisode Recovery/
\*attern/iWith Rapid

# ORDERS (369) ressive Disorder

ipisode<sup>a,b,c,d,e,f</sup> 'nt<sup>a,b,c,d,e,f,g,h</sup>

Disorder (376)

V Onset/Late Onset

Atypical Features

e Disorder NOS (381)

#### **DERS (382)**

Disorder (382)
Vianic Episode
ved
ecent Episode
tanicg, h, i
ecent Episode
c.f.g,h, i

.6x Most Recent Episode Mixed<sup>a,c,f,g,h,i</sup>

.5x Most Recent Episode Depressed<sup>a,b,c,d,e,f,g,h,..</sup>

.7 Most Recent Episode Unspecified<sup>g,h,i</sup>

296.89 Bipolar II Disorder a,b,c,d,a,f,g,h,i
(392)
Specify (current or most recent exisode):

Hypomanic/Depressed 301.13 Cyclothymic Disorder (398)

296.80 Bipolar Disorder NOS (400)

293.83 Mood Disorder Due to ...
[Indicate the General Medical
Condition] (401)
Specify type: With Depressive Features/
With Major Depressive—Like Episode/
With Manic Features/With Mixed
Features

- Substance-Induced Moord
Disorder (refer to SubstanceRelated Disorders for substancespecific codes) (405)
Specify type: With Depressive Faatures/
With Manic Features/With Mixed
Features
Specify if: With Onset During

Intoxication/With Onset During Withdrawal

296.90 Mood Disorder NOS (410)

## **Anxiety Disorders (429)**

300.01 Panic Disorder Without Agoraphobia (433)

300.21 Panic Disorder With Agoraphobia (433)

300:22 Agoraphobia Without History of Panic Disorder (441)

300.29 Specific Phobia (443)

Specify type: Animal Type, 'Natural
Environment Type/Blood-InjectionInjury Type/Situational Type/Other
Type

300.23 Social Phobia (450) Specify if: Generalized 300.3 Obsessive-Compulsive
Disorder (456)
Specify if: With Poor Insight

309.81 Posttraumatic Stress Disorder (463)

Specify if: Acute/Chronic
Specify if: With Delayed Onset

308.3 Acute Stress Disorder (469)

300.02 Generalized Anxiety Disorder (472)

293.84 Anxiety Disorder Due to . . .
[Indicate the General Medical
Condition] (476)
Specify if: With Generalized Anxiety/
With Panic Attacks/With ObsessiveCompulsive Symptoms

— Substance-Induced Anxiety
Disorder (refer to SubstanceRelated Disorders for substancespecific codes) (479)
Specify if: With Generalized Anxiety/
With Panic Attacks/With ObsessiveCompulsive Symptoms/With Phobic
Symptoms
Specify if: With Onset During
Intoxication/With Onset During

300.00 Anxiety Disorder NOS (484)

Withdrawal

## **Somatoform Disorders (485)**

300.81 Somatization Disorder (486)

300.82 Undifferentiated Somatoform Disorder (490)

300.11 Conversion Disorder (492)

Specify type: With Motor Symptom or
Deficit/With Sensory Symptom or
Deficit/With Seizures or Convulsions/
With Mixed Presentation

307.xx Pain Disorder (498)

.80 Associated With Psychological Factors

.89 Associated With Both
Psychological Factors and a
General Medical Condition
Specify if: Acute/Chronic

DSM-IV-TR Classific.

625.8

Other Fema

Dysfunction

the General ?

Hypochondriasis (504) 300.7 Specify if With Poor Insight Body Dysmorphic Disorder 300.7 (507)

300.82 Somatoform Disorder NOS (511)

## Factitious Disorders (513)

300.xx Factitious Disorder (513) With Predominantly Psychological Signs and Symptoms

With Predominantly .19 Physical Signs and Symptoms

With Combined .19 Psychological and Physical Signs and Symptoms

300.19 Factitious Disorder NOS (517)

## **Dissociative Disorders** (519)

300.12 Dissociative Amnesia (520) 300.13 Dissociative Fugue (523) 300.14 Dissociative Identity Disorder (526)Depersonalization Disorder 300.6 (530)Dissociative Disorder NOS 300.15

(532)

## Sexual and Gender Identity Disorders (535)

## SEXUAL DYSFUNCTIONS (535)

The following specifiers apply to all primary Sexual Dysfunctions:

Lifelong Type/Accuired Type Generalized Type/Situational Type

One to Psychological Factors/Due to Combined Factors

## Sexual Desire Disorders (539)

302.71 Hypoactive Sexual Desire Disorder (539)

302.79 Sexual Aversion Disorder (541)

## Sexual Arousal Disorders (543)

302.72 Female Sexual Arousal Disorder (543)

302.72 Male Erectile Disorder (545)

## Orgasmic Disorders (547)

302.73 Female Orgasmic Disorder

302.74 Male Orgasmic Disorder (550)

302.75 Premature Ejaculation (552)

## Sexual Pain Disorders (554)

302.76 Dyspareunia (Not Due to a General Medical Condition) (554)

306.51 Vaginismus (No: Due to a General Medical Condition) (556)

## Sexual Dysfunction Due to a General Medical Condition (558)

Female Hypoactive Sexual 625.8 Desire Disorder Due to ... [Indicate the General Medical Condition] (558)

608.89 Male Hypoactive Sexual Desire Disorder Due to . . . (Indicate the General Medical Condition] (558)

607.84 Male Erectile Disorder Due to ... (Indicate the General Medical Condition] (558)

Female Dyspaneunia Due to . . . 625.0 Indicate the General Medical Condition] (558)

608.89 Male Dyspareunia Due to ... [Indicate the General Medical Condition, (552)

(558)18.89 Other Male Due to . . ! Medical Con Substance-I Dysfunction Related Disc specific code Specify of Wid Impaired Aro

> Intoxication Sexual Dv:

Orgasm · Witi Specify if. Wid

## RAPHILIAS (56

Exhibition Fetishism (

Frotteumsi Pedophilia

Specify in Sev Sexually Arts Attracted to Specify of Lir Specify τυριτ

Nonexclusiv Sexual Ma

Transvest Specify 1/: W

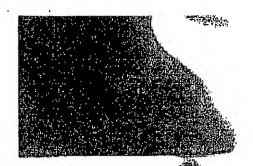
Sexual Sa-

Voyeurisi Paraphili.

## ENDER IDENT

Gender I in Chi in Ade Specify in S Sexually A Attracted 5 Neither Gender I

(582)Sexual C



#### 1-IV-TR Classification

uired Type Situational Type al Factors/Due to 4TS

## isorders (539)

e Sexual Desire 539) ersion Disorder (541)

## Disorders (543)

xual Arousal 543) tile Disorder (545)

ders (547) gasmic Disorder

ismic Disorder (550) : Ejaculation (552)

## orders (554) nia (Not Due to a fedical Condition)

us (Not Due to a (edical Condition)

## tion Due to a il Condition (558)

vpoactive Sexual sorder Due to . . . he General Medical 1(558)poactive Sexual Desire Due to . . . [Indicate the ledical Condition] (558) tile Disorder Due to ... he General Medical lyspareunia Due to ... he General Medical 1 (558) pareunia Due to . . . he General Medical J (558)

**DSM-IV-TR Classification** 

Other Female Sexual 625.8 Dysfunction Due to ... [Indicate the General Medical Condition]

608.89 Other Male Sexual Dysfunction Due to ... [Indicate the General Medical Condition (558)

Substance-Induced Sexual Dysfunction (refer to Substance-Related Disorders for substancespecific codes) (562) Specify if: With Impaired Desire/With Impaired Arousal/With Impaired Orgasm/With Sexual Pain Specify if: With Onset During Intoxication

302.70 Sexual Dysfunction NOS (565)

## PARAPHILIAS (566)

302.4 Exhibitionism (569) 302.81 Fetishism (569)

302.89 Frotteurism (570)

302.2 Pedophilia (571) Specify if: Sexually Attracted to Males/ Sexually Attracted to Females/Sexually Attracted to Both Specify if: Limited to Incest Specify type: Exclusive Type/ Nonexclusive Type

302.83 Sexual Masochism (572)

302.84 Sexual Sadism (573)

302.3 Transvestic Fetishism (574) Specify if: With Gender Dysphoria

302.82 Voyeurism (575)

302.9 Paraphilia NOS (576)

#### GENDER IDENTITY DISORDERS

(576)

302.xx Gender Identity Disorder (576)

in Children .6

.85 in Adolescents or Adu.ts Specify if: Sexually Attracted to Males/ Sexually Attracted to Females/Sexually Attracted to Both/Sexually Attracted to Neither

Gender Identity Discreder NOS 302.6 (582)

Sexual Disorder NOS (582)

## Eating Disorders (583)

307.1 Anorexia Nervosa (583) Specify type: Restricting Type; Binge-Eating/Purging Type

307.51 Bulimia Nervosa (589) Specify type: Purging Type/Nonpurging Туре

307.50 Eating Disorder NOS (594)

## Sleep Disorders (597)

#### **PRIMARY SLEEP DISORDER\$** (598)

## Dyssomnias (598)

307.42 Primary Insomnia (599)

307.44 Primary Hypersomnia (604) Specify if: Recurrent

347.00 Narcolepsy (609)

780.57 Breathing-Related Sleep Disorder (615)

327.3x Circadian Rhythm Sleep Disorder (622)

.31 Delayed Sleep Phase Type

.35 Jet Lag Type

.36 Shift Work Type

.30 Unspecified Type

307.47 Dyssomnia NO\$ (629)

#### Parasomnias (630)

307.47 Nightmare Disorder (631)

307.46 Sleep Terror Disorder (634)

307.46 Sleepwalking Disorder (639)

307.47 Parasomnia NOS (644)

## SLEEP DISORDERS RELATED TO **ANOTHER MENTAL DISORDER (645)**

327.02 Insomnia Related to ... [Indicate the Axis I or Axis II Disorder] (645)

327.15 Hypersomnia Related to ... [Indicate the Axis I or Axis II Disorder] (645)

## OTHER SLEEP DISORDERS (651)

327.xx Sleep Disorder Due to ... [Indicate the General Medical Condition] (651)

Insomnia Type .01

Hypersomnia Type 14

Parasomnia Type .44

Mixed Type .8

Substance-Induced Sleep Disorder (refer to Substance-Related Disorders for substancespecific codes) (655)

Specify type: Insomnia Type/ Hypersomnia Type/Parasomnia Type/ Mixed Type Specify if: With Onset During Intoxication/With Onset During Withdrawal

## Impulse-Control Disorders Not Elsewhere Classified (663)

312.34 Intermittent Explosive Disorder

312.32 Kleptomania (667)

312.33 Pyromania (669)

312.31 Pathological Gambling (671)

312.39 Trichotillomania (674)

312.30 Impulse-Control Disorder NOS (677)

## Adjustment Disorders (679)

309.xx Adjustment Disorder (679)

With Depressed Mood .0

With Anxiety 24

With Mixed Anxiety and .28 Depressed Mood

With Disturbance of Conduct .3

With Mixed Disturbance of .4 **Emotions and Conduct** 

Unspecified .9 Specify if: Acute/Chronic

## Personality Disorders (685)

These are coded on Axis II. Note:

Paramoid Personality Disorder 301.0

301.20 Schizoid Personality Disorder (694)

Schizotypal Fersonality 301.22 Disorder (697)

Antisocial Personality Disorder 301.7

301.83 Borderline Personality Disorder

301.50 Histrionic Personality Disorder

301.81 Narcissistic Fersonality Disorder (714)

301.82 Avoidant Personality Disorder

Dependent Fersonality 301.6 Disorder (721)

Obsessive-Compulsive 301.4 Personality Disorder (725)

Personality Disorder NOS (729) 301.9

Other Conditions That May Be a Focus of Clinical Attention (731)

## **PSYCHOLOGICAL FACTORS** AFFECTING MEDICAL CONDITION

(731)

... [Specified Psychological Factor] 316 Affecting . . . [Indicate the General Medica: Condition] (731)

Choose name based on nature of factors:

Mental Discarder Affecting Medical Condition

Psychological Symptoms

Affecting Medical Condition

SM-IV-TR Classification

Personality Traits Style Affecting Condition

Maladaptive Hea' Affecting Med: Stress-Related Ph Response Affe Condition

Other or Unspeci Psychological Affecting Mer

## EDICATION-INDUCE OVEMENT DISORDE

Neuroleptic-Ind Parkinsonism (7

192 Neuroleptic Ma Syndrome (735) Neuroleptic-Inc

Dystonia (735) Neuroleptic-In

Akathisia (735) Neuroleptic-In

Dyskinesia (73 Medication-Inc Tremor (736)

Medication-In Disorder NO5

## MEDICATION RDER (736)

Adverse Effer NO5 (736)

## MONAL PROB

Relational Pr Mental Disor Medical Con Parent-Child Problem (73: Partner Rela (737)

Sabling Relat Relational P

## sorders (685)

oded on Axis II. Personality Disorder

?ersonality Disorder

al Personality (697)

1 Personality Disorder

e Personality Disorder

: Personality Disorder

ic Personality (714)Personality Disorder

nt Personality (721)

:-Compulsive

™ Disorder (725)

h Disorder NOS (729)

ons That May Be a :al Attention (731)

## L FACTORS DICAL CONDITION

'ed Psychological Factor] . . [Indicate the General andition] (731) ne based on nature ·s:

isorder Affecting il Condition cical Symptoms ng Medical Condition

Personality Traits or Coping Style Affecting Medical Condition

Maladaptive Health Behaviors Affecting Medical Condition

Stress-Related Physiological Response Affecting Medical Condition

Other or Unspecified Psychological Factors Affecting Medical Condition

## MEDICATION-INDUCED **MOVEMENT DISORDERS (734)**

332.1 Neuroleptic-Induced Parkinsonism (735)

333.92 Neuroleptic Malignant Syndrome (735)

333.7 Neuroleptic-Induced. Acute Dystonia (735)

333.99 Neuroleptic-Induced Acute Akathisia (735)

33.82 Neuroleptic-Induced Tardive Dyskinesia (736)

333.1 Medication-Induced Postural Tremor (736)

33.90 Medication-Induced Movement Disorder NOS (736)

## OTHER MEDICATION-INDUCED **DISORDER** (736)

Adverse Effects of Medication NOS (736)

#### ELATIONAL PROBLEMS (736)

Relational Problem Related to a Mental Disorder or General Medical Condition (737)

1.20 Parent-Child Relational Problem (737)

1.10 Partner Relational Problem

Sibling Relational Problem (737)

81 Relational Problem NOS (737)

## PROBLEMS RELATED TO ABUSE OR **NEGLECT (738)** -

V61.21 Physical Abuse of Child (738) (code 995.54 if focus of attention is on victim)

V61.21 Sexual Abuse of Child (738) (code 995.53 if focus of attention is on victim)

V61.21 Neglect of Child (738) (code 995.52 if focus of attention is on victim)

Physical Abuse of Adult (738)

V61.12 (if by partner)

V62.83 (if by person other than partner) (code 995.81 if focus of attention is

-.- Sexual Abuse of Adult (738)

V61.12 (if by partner)

V62.83 (if by person other than partner) (code 995.83 if focus of attention is on victim)

## ADDITIONAL CONDITIONS THAT MAY BE A FOCUS OF CLINICAL ATTENTION (739)

V15.81 Noncompliance With Treatment (739)

V65.2 Malingering (739)

V71.01 Adult Antisocial Behavior (740)

V71.02 Child or Adolescent Antisocial Behavior (740)

V62.89 Borderline Intellectual Functioning (740) Note: This is coded on Axis II.

780.93 Age-Related Cognitive Decline (740)

V62.82 Bereavement (740)

V62.3 Academic Problem (741)

V62.2 Occupational Problem (741)

313.82 Identity Problem (741)

V62.89 Religious or Spiritual Problem (741)

V62.4 Acculturation Problem (741)

V62.89 Phase of Life Problem (742)

## Additional Codes (743)

(743)

# 300.9 Unspecified Mental Disorder (nonpsychotic) (743) V71.09 No Diagnosis or Condition on Axis I (743) 799.9 Diagnosis or Condition Deferred on Axis I (743) V71.09 No Diagnosis on Axis II (743) 799.9 Diagnosis Deferred on Axis II

## **Multiaxial System**

Axis I	Clinica: Disorders
	Other Conditions That May Be a
	Focus of Clinical Attention
Axis II	Personality Disorders
	Mental Retardation
Axis III	General Medical Conditions

Axis IV Psychosocial and Environmental Problems

Axis V Global Assessment of Functioning

# Multiaxia

multiaxial systems different domain andict outcome. Then

Axis I Clinic
Other
Axis II Perso
Ment
Axis III Gener
Axis IV Psych
Axis V Globe

he use of the multiwith attention to chosocial and embooked if the form in provides a commation, for caphing geneity of indexial system provides and research of this sexus or situations guidelines formal multiaxia

## Clinical D Other Cor

for reporting the Person The major :

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Criteria Sets and Axes Provided for Further Study

in trance, there tracteristic behave person tend to be acial expressioning to a particular fter an episoden of amnesia after sorder exhibit fee pmatology or fluid arameters.

traditional societics sing industrialization adustrialized societics. The course in th

h criteria would be tified.

to be due to the dih case the diagnosis a General Medical osis would be Sub-

ual beings and being ucinations and delus, or Brief Psychotic orgruency, its briefer other disorders. nguished from those in trance and possessat have entered their

This proposed disorder should not be considered in individuals who enter trance or possession states voluntarily and without distress or impairment in the context of cultural and religious practices.

## Research criteria for dissociative trance disorder

- A. Either (1) or (2):
  - (1) trance, i.e., temporary marked alteration in the state of consciousness or loss of customary sense of personal identity without replacement by an alternate identity, associated with at least one of the following:
    - (a) narrowing of awareness of immediate surroundings, or unusually narrow and selective focusing on environmental stimuli
    - (b) stereotyped behaviors or movements that are experienced as being beyond one's control
  - (2) possession trance, a single or episodic alteration in the state of consciousness characterized by the replacement of customary sense of personal identity by a new identity. This is attributed to the influence of a spirit, power, deity, or other person, as evidenced by one for more) of the following:
    - (a) stereotyped and culturally determined behaviors or movements that are experienced as being controlled by the possessing agent
    - (b) full or partial amnesia for the event
- B. The trance or possession trance state is not accepted as a normal part of a collective cultural or religious practice.
- C. The trance or possession trance state causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The trance or possession trance state does not occur exclusively during the course of a Psychotic Disorder (including Mood Disorder With Psychotic Features and Brief Psychotic Disorder) or Dissociative Identity Disorder and is not due to the direct physiological effects of a substance or a general medical condition.

## **Binge-Eating Disorder**

## Diagnostic Features

The essential features are recurrent episodes of binge eating associated with subjective and behavioral indicators of impaired control over, and significant distress about, the binge eating and the absence of the regular use of inappropriate compensatory behaviors (such as self-induced vomiting, misuse of laxatives and other medications, fasting, and excessive exercise) that are characteristic of Bulimia Nervosa. The characteristics of a binge episode are discussed in the text for Bulimia Nervosa (p. 589). Indicators of impaired control include eating very rapidly, eating until feeling uncomfortably full, eating large amounts of food when not hungry, eating alone because of embarrassment over how much one is eating, and feeling disgust, guilt, or

depression after overeating. The marked distress required for the diagnosis includes unpleasant feelings during and after the binge episodes, as well as concerns about the long-term effect of the recurrent binge episodes on body weight and shape.

Binge episodes must occur, on average, at least 2 days a week for a period of at least 6 months. The duration of a binge-eating episode can vary greatly, and many individuals have difficulty separating binge eating into discrete episodes. However, they usually have little difficulty recalling whether or not binge eating occurred on a given day. Thus, it is suggested that the number of days on which binge eating occurs be counted, rather than the number of episodes of binge eating, as is done in making the diagnosis of Bulimia Nervosa. Future research should address this issue.

The symptoms do not occur exclusively during Anorexia Nervosa or Bulimia Nervosa. In addition, although some inappropriate compensatory behavior (e.g., purging, fasting, or excessive exercise) may occur occasionally, it is not regularly employed to counteract the effects of the binge eating. Research studies conducted to date have varied in how they have defined "regular use of inappropriate compensatory behaviors." Some studies have equated "regular" with the twice-a-week frequency criterion of Bulimia Nervosa and have considered individuals who engage in these behaviors less than twice a week (but as often as once a week) to be eligible for the diagnosis of binge-eating disorder. Other studies have excluded individuals who describe any use of inappropriate compensatory behaviors during the episode of illness. Future research should address this issue.

## **Associated Features and Disorders**

Some individuals report that binge eating is triggered by dysphoric moods, such as depression and anxiety. Others are unable to identify specific precipitants but may report a nonspecific feeling of tension that is relieved by the binge eating. Some individuals describe a dissociative quality to the binge episodes (feeling "numb" or "spaced out"). Many individuals eat throughout the day with no planned mealtimes.

Individuals with this eating pattern seen in clinical settings have varying degrees of obesity. Most have a long history of repeated efforts to diet and feel desperate about their difficulty in controlling food intake. Some continue to make attempts to restrict calorie intake, whereas others have given up all efforts to diet because of repeated failures. In weight-control clinics, individuals with this eating pattern are, on average, more obese and have a history of more marked weight fluctuations than individuals without this pattern. In nonpatient community samples, most individuals with this eating pattern are overweight (although some have never been overweight).

Individuals with this eating pattern may report that their eating or weight interferes with their relationships with other people, with their work, and with their ability to feel good about themselves. In comparison with individuals of equal weight without this pattern of eating, they report higher rates of self-loathing, disgust about body size, depression, anxiety, somatic concern, and interpersonal sensitivity. There may be a higher lifetime prevalence of Major Depressive Disorder, Substance-Related Disorders, and Personality Disorders.

In samples drawn from weight-control programs, the overall prevalence varies from approximately 15% to 50% (with a mean of 30%), with females approximately 1.5 times more likely to have this eating pattern than males. In nonpatient community samples, a prevalence rate of 0.7%—4% has been reported. The onset of binge eating

typically is in late ad weight loss from diet pears to be chronic.

## Differential Diag

In DSM-IV, individu agnosed as having E

In contrast to Bu nisms are employed no such behavior is ring is frequently set does not involve bir when the individual sense of impaired co are present. Many ir binge-eating episode

## Research criter

- A. Recurrent episor both of the folk
  - eating, in a of food that of time und
  - (2) a sense of lacennot stop
- B. The binge-eatin
  - (1) eating muc
  - (2) eating unti
  - (3) eating larg(4) eating alor
  - (5) feeling disc
- C. Marked distress
- D. The binge eatin

Note: The me Nervosa; future a frequency thr counting the nu

E. The binge eatin tory behaviors : sively during th



e diagnosis includes s concerns about the and shape. k for a period of a reatly, and many in episodes. Howeve ating occurred on binge eating occurs s is done in making this issue. osa or Bulimia Nes avior (e.g., purging

lucted to date have

mpensatory behav

k frequency criteri

o engage in these o be eligible for the ndividuals who de

ie episode of illness

oric moods, such a ipitants but may re · cating. Some indi feeling "numb" o planned mealtimes ve varying degree and feel desperate o make attempts to diet because of re ting pattern are, or uctuations than ins, most individuals r been overweight) ng or weight interand with their abilals of equal weight hing, disgust about Il sensitivity. There Substance-Related

prevalence varies ales approximately patient community iset of binge eating typically is in late adolescence or in the early 20s, often coming soon after significant weight loss from dieting. Among individuals presenting for treatment, the course appears to be chronic.

## **Differential Diagnosis**

In DSM-IV, individuals whose presentation meets these research criteria would be diagnosed as having Eating Disorder Not Otherwise Specified.

In contrast to Bulimia Nervosa, in which inappropriate compensatory mechanisms are employed to counteract the effects of the binges, in binge-eating disorder no such behavior is regularly employed to compensate for the binge eating. Overeating is frequently seen during episodes of Major Depressive Disorder but usually does not involve binge eating. This appendix diagnosis should be considered only when the individual reports that, during episodes of overeating, both the subjective sense of impaired control and three of the associated symptoms listed in Criterion B are present. Many individuals are distressed by episodes of overeating that are not binge-eating episodes.

## Research criteria for binge-eating disorder

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - (1) eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances
  - (2) a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)
- B. The binge-eating episodes are associated with three (or more) of the following:
  - (1) eating much more rapidly than normal
  - (2) eating until feeling uncomfortably full
  - (3) eating large amounts of food when not feeling physically hungry
  - (4) eating alone because of being embarrassed by how much one is eating
  - (5) feeling disgusted with oneself, depressed, or very guilty after overeating
- C. Marked distress regarding binge eating is present.
- D. The binge eating occurs, on average, at least 2 days a week for 6 months.

**Note:** The method of determining frequency differs from that used for Bulimla Nervosa; future research should address whether the preferred method of setting a frequency threshold is counting the number of days on which binges occur or counting the number of episodes of binge eating.

E. The binge eating is not associated with the regular use of inappropriate compensatory behaviors (e.g., purging, fasting, excessive exercise) and does not occur exclusively during the course of Anorexia Nervosa or Bulimia Nervosa.